

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 1 8

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR
Sec. 1902(a)(11)(B), Sec. 1902(a)(22)(C) & 431.615

7. FEDERAL BUDGET IMPACT:

a. FFY '00 \$ 22,300

b. FFY '01 \$ 89,022

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.16-A, #1 & #3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

same

10. SUBJECT OF AMENDMENT:

Agreement with Title V Grantee (Minnesota Dept. Health) for Maternal and Child Health
Services, and Agreement with Minnesota Dept. Health for Program Development, training and
Evaluation of EPSDT Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

August 22, 2000

16. RETURN TO:

Stephanie Schwartz
Minnesota Dept. Human Services
444 Lafayette Road North
St. Paul, MN 55155-3853**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

8/25/00

18. DATE APPROVED:

12/18/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

AUG 25 2000

DMIO - MI/MN/WI

MINNESOTA
MEDICAL ASSISTANCE

Federal Budget Impact of Proposed State Plan Amendment TN 00-18
Attachment 4.16-A, #1: Agreement with Title V Grantees - Maternal & Child Health Services
and #3: Agreement with the Minnesota Department of Health for Program Development,
Training and Evaluation of Child and Teen Checkup Services

- Attachment 4.16-A, #1: Agreement with Title V Grantees.

The Addendum is updated to clarify that counties perform outreach activities. Outreach activities may include home visits and writing letters.

The Department anticipates no federal fiscal impact.

- Attachment 4.16-A, #3: Agreement with Minnesota Department of Health for Program Development, Training and Evaluation of Child and Teen Checkup Services.

The Department anticipates the following fiscal impact:

	FFY '00	FFY '01
State cost	\$21,017	\$85,155
Federal cost	\$22,300	\$89,022

RECEIVED
AUG 25 2000
DMIO - MINNAPOLI

STATE OF MINNESOTA

INTERAGENCY MEMORANDUM OF UNDERSTANDING

WHEREAS, the Minnesota Department of Health is responsible for administering the Title V program pursuant to Minnesota Statutes, section 145.88; and

WHEREAS, the Department of Human Services is responsible for administering the Medicaid program pursuant to Minnesota Statutes, section 256.01, subdivision 2(1), and 256B.04, subdivision 1; and

WHEREAS, the Department of Human Services and the Department of Health are committed to promoting quality health care services for low-income children, pregnant women and children with special health care needs, including primary and preventive health services; and

WHEREAS, the Department of Health and the Department of Human Services are interested in coordinating and enhancing efforts, streamlining application processes, reducing duplicative efforts, and ensuring compliance with federal and state laws and regulations and the appropriate use of public funds:

NOW, THEREFORE, it is agreed:

- I. Duties of the Department of Human Services. The Department of Human Services shall:
 - A. Participate as requested on Department of Health advisory or work groups related to maternal and child health issues including children with special health care needs.
 - B. Participate in quarterly joint meetings. Membership shall consist of the Medicaid Director or a designee and at least three additional appointees from the Department of Human Services. Purpose of the meetings to include:
 1. Coordinate departmental policies/procedures that impact health care services or the delivery of health care services to the maternal and child health populations;
 2. Identify annually at least one issue related to maternal or child health or children with special health care needs for joint departmental focus;
 3. Develop, in cooperation with the Department of Health, an annual workplan;
 4. Identify how the departments can work together to identify individuals under 21 in need of medical or remedial services.
 5. Identify areas where the departments could share or maximize staff expertise;
 6. Share appropriate and relevant data affecting health status or the delivery of health care services to the maternal and child health population and children with special health care needs.
7. Review at least annually this Memorandum of Understanding and determine if

any changes are required.

- C. Provide reimbursement for Medicaid services provided by the Minnesota Children with Special Health Care Needs program.
- D. Enter into separate Interagency Agreements for those duties that require a transfer of funds.
- E. Accept referrals from the Department of Health for the Medical Assistance and Minnesota Care program.

Duties of the Department of Health. The Department of Health shall:

- A. Participate as requested on Department of Human Services advisory or work groups related to maternal and child health issues including children with special health care needs.
- B. Participate in quarterly joint meetings. Membership shall consist of the Title V Director or a designee and at least three additional appointees from the Department of Health. Purpose of the meetings to include:
 - 1. Coordinate departmental policies/procedures that impact health care services or the delivery of health care services to the maternal and child health populations;
 - 2. Identify annually at least one issue related to maternal or child health or children with special health care needs for joint departmental focus;
 - 3. Develop, in cooperation with the Department of Human Services, an annual workplan;
 - 4. Identify how the departments can work together to identify individuals under 21 in need of medical or remedial services.
 - 5. Identify areas where the departments could share or maximize staff expertise;
 - 6. Share appropriate and relevant data affecting health status or the delivery of health care services to the maternal and child health population and children with special health care needs.
 - 7. Review at least annually this Memorandum of Understanding and determine if any changes are required.
- C. Maintain Medicaid provider status for the Minnesota Children with Special Health Care Needs program and submit charges to the Department of Human Services using appropriate claims forms.
- D. Enter into separate Interagency Agreements for those duties that require a transfer of funds.
- E. Accept referrals from the Department of Human Services and provide follow-up services

to children with special health care needs and their families as requested.

- II. TERMS OF AGREEMENT This agreement shall be effective on July 1, 2000, or upon the date that the final required signature is obtained which ever occurs later, and shall remain in effect until June 30, 2003, or until all obligations set forth in this agreement have been satisfactorily fulfilled, whichever occurs first.
- III. CANCELLATION This agreement may be cancelled by the either department at any time, with or without cause, upon thirty (30) days written notice to the other party.
- IV. AUTHORIZED REPRESENTATIVES The Department of Health's authorized representative for the purposes of administration of this agreement is Janet Olstad. The Department of Human Services authorised representative for the purposes of administration of this agreement is Susan Castellano. Each representative shall have final authority for acceptance of services of the other party.
- V. ASSIGNMENT Neither the Department of Health nor the Department of Human Services shall neither assign nor transfer any rights or obligations under this agreement without the prior written consent of the other party.
- VI. AMENDMENTS Any amendments to this agreement shall be in writing, and shall be executed by the same parties who executed the original agreement, or their successors in office.
- VII. LIABILITY The Department of Health and the Department of Human Services agree that each party will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of any others and the results thereof. The Department of Health and the Department of Human Services liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes § 3.376, and other applicable law.
- VIII. DATA PRACTICES ACT The Department of Health and the Department of Human Services agree to comply with the Minnesota Data Practices Act as it applies to all data provided by the other agency in accordance with this agreement and as it applies to all data created, gathered, generated or acquired in accordance with this agreement.
- IX. JURISDICTION AND VENUE This agreement, and amendments and supplements thereto, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this agreement, or breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

IN WITNESS WHEREOF, the parties have caused this agreement to be duly executed intending to be bound thereby.

APPROVED:

Department of Health:

By (authorized signature)	<i>Jan Vernell</i>
Title	<i>Family Health Director</i>
Date	<i>7.5.00</i>

Department of Human Service:

By (authorized signature)	<i>My B Kennedy</i>
Title	<i>Medical Director</i>
Date	<i>06/30/00</i>

STATE: MINNESOTA

Effective: July 1, 2000

TN: 00-18

Approved:

Supersedes: 97-17

ADDENDUM TO ATTACHMENT 4.16-A
Agreement #1

- In accordance with 42 CFR §431.615(d)(5)(i), the Department contracts with counties to perform outreach and follow-up EPSDT services for EPSDT-eligible children. Specifically, in order to identify children under 21 in need of medical or remedial services, the Department receives screening and referral information from managed care health plans ~~which that~~ is fed into the Department's "CATCH II" tracking system. This information is downloaded to the counties for use in ~~planning, writing letters, and performing home visits in order performing outreach activities to families to~~ encourage children to receive EPSDT screenings ~~and follow-up visits~~. It is also used for referral follow-up activities that assist families and children to receive needed services as a result of problems found during EPSDT screenings.

Because the Minnesota Department of Health is not a partner in the CATCH II tracking system, these specifics are not made a part of the Interagency Memorandum of Understanding.

- In accordance with 42 CFR §431.615(d)(5)(iv), the Department contracts with the Minnesota Department of Health to provide training to providers. The health department trains nurses to conduct EPSDT visits and trains private Medicaid providers on EPSDT service requirements. Additionally, the health department responds to requests for specific trainings from any EPSDT provider in Minnesota. In sum, the Minnesota Department of Health provides technical assistance to Medicaid EPSDT providers.

STATE: MINNESOTA
Effective: July 1, 2000
TN: 00-18
Approved:
Supersedes: 99-18

ATTACHMENT 4.16-A
Agreement #3

**CONTRACT BETWEEN THE
MINNESOTA DEPARTMENT OF HUMAN SERVICES
AND THE MINNESOTA DEPARTMENT OF HEALTH**

**FOR PROGRAM DEVELOPMENT, TRAINING AND EVALUATION OF
CHILD AND TEEN CHECKUP SERVICES**

**STATE OF MINNESOTA
INTERAGENCY AGREEMENT**

Accounting Information:

Org# H 3 2 1 Req #H55 _____ fiscal year: 2001 and 2002 vendor number: _____
total amount of contract: \$350,174.00 amount of contract first fy : \$173,266.00
commodity code: _____ commodity code: _____
object code: _____ object code: _____

Accounting Distribution 1:

fund: _____
appr: _____
org/sub: _____
rept cat: _____
amount: _____

Accounting Distribution 2:

fund: _____
appr: _____
org/sub: _____
rept cat: _____
amount: _____

Accounting Distribution 3:

fund: _____
appr: _____
org/sub: _____
rept cat: _____
amount: _____

Processing Information:

CFMS Entry: Contract: _____
number/date/signature

AGPS Entry: Contract: 425626 7/3/00 B6
number/date/signature

Order: A000002340
number/date/signature

Health H12
Org # 6108-215
Fund # 200

[Individual signing certifies that funds have been encumbered as required by MS § 16A15.]

WHEREAS, the Minnesota Department of Human Services (hereinafter the REQUESTING AGENCY) is empowered to enter into interagency agreements pursuant to Minnesota Statutes § 471.59, Subdivision 10; and

WHEREAS, the Minnesota Department of Health (hereinafter the PROVIDING AGENCY) is empowered to enter into interagency agreements pursuant to Minnesota Statutes § 471.59, Subdivision 10; and

WHEREAS, the United States Department of Health and Human Services has promulgated regulations to set conditions for federal financial participation for health and related supportive services in the Title XIX program for Child and Teen Checkups (42 CFR 432.50 aka EPSDT), for which the PROVIDING AGENCY is the agency responsible; and

WHEREAS, the PROVIDING AGENCY is the state agency responsible to protect, maintain and improve the health of citizens of Minnesota under Minnesota Statutes, section 144.05 and 144.07, and it is the designated agency designated to administer Maternal and Child Health Services Block Grant (Title V of the Social Security Act as amended), Minnesota Statutes, section 145.88 through 145.889,

NOW, THEREFORE, it is agreed:

I. PROVIDING AGENCY DUTIES: PROVIDING AGENCY shall:

A. Training Sessions

1. Prepare for and conduct training session presentations or portions thereof for which it is responsible.
2. Participate in meetings convened by the REQUESTING AGENCY to develop training session agendas, and materials, schedules, and joint presentation planning, and other materials as needed for the Activities Sections A., B., C., D., F., and I. below.
3. Per Section I. Activities A., C., D., F. and I., and as otherwise appropriate, notify all interested persons/ agencies of training sessions schedule at least four weeks before the first training session. Up to six weeks notice is allowed for scheduling ad hoc training sessions and joint PROVIDING AGENCY/REQUESTING AGENCY training sessions to ensure availability. For scheduled revisions thereafter, prior notices will be given to all interested persons/agencies with as much advance notice as possible.
4. Provide the REQUESTING AGENCY, within two weeks of request, PROVIDING AGENCY EPS approved agencies/clinics and/or providers and school health newsletter mailing list so that the REQUESTING AGENCY training session information can be sent to the appropriate people.
5. Will in good faith schedule and coordinate with others' schedules the training sessions in this contract so that, as much as possible, the location, time, day, date, time and length of the training session is conducive to the intended audience.
6. Will in good faith attempt to reschedule or change training sessions canceled due to unavailability of interested participants or inclement weather. The minimum recommended number of participants for ad hoc inservice training sessions (Activity D) is ten, in the metro area, six in greater Minnesota. The recommended minimum number of participants for the three-day C&TC components training sessions (Activity A) is six in the metro area, four in greater Minnesota.

B. Curriculum Development

1. Develop and/or revise curriculum and training session materials as needed for Activity A, in consultation with the REQUESTING AGENCY and consistent with the PROVIDING AGENCY, the REQUESTING AGENCY and the U.S. Department of Health and Human Services standards.
2. Develop and/or revise curricula and training session materials as needed, in consultation with the REQUESTING AGENCY, for C&TC components to meet the needs of health care providers in private practice. The

curricula will include the following components: assessment of physical growth, health history review, developmental screening, nutrition screening, dental education, immunizations, laboratory tests, vision and hearing screening, mental health screening and current anticipatory guidance issues.

C. Training Session Schedule

Schedule at least the following types of training sessions:

- Activity A - C&TC Screening components training session. Notice of this training session will be sent to lists of interested persons/agencies identified by the REQUESTING AGENCY per section III.F. including C&TC providers, REQUESTING AGENCY enrolled clinics, and other agencies, county public health, nonprofit or community clinics, tribal or Indian Health Service clinics, and Head Start; school-based clinics, C&TC Coordinators, plus the lists maintained by the PROVIDING AGENCY of PROVIDING AGENCY approved programs/EPS providers, the school health newsletter list and health plan government representatives. Priority for enrollment will be given to those who would directly provide C&TC screening services to Minnesota Health Care Programs (MHCP) enrollees. Trainees who will provide only some of the required components may attend the appropriate individual component sessions.

Schedule at least five of these three-day training sessions in contract year one (July 1, 2000 - June 30, 2001) and five in contract year two (July 1, 2001 - June 30, 2002) for training Registered Nurses or Public Health Nurses who: have not previously attended the Child and Teen Checkups training workshop; actively provide C&TC screenings but have not attended in at least six years; or have not actively provided C&TC screenings and have not attended in at least four years. The training session purpose for enrollees is to obtain the knowledge and skills needed to provide C&TC services consistent with program standards. At least one training session will be held in northern greater Minnesota and at least one in southern greater Minnesota.

- Activity B – An individual consultation, provided for all newly trained providers who received training in Activity A. This consultation will consist of a clinic site visit designed to provide a supervised clinical experience for newly trained public health nurses in order to reinforce their skills. If necessary, a second consult may be scheduled to assess skills in the performance of C&TC components.
- Activity C - Schedule two to three 1-2 day C&TC refresher training sessions for Registered Nurses who: actively provide C&TC screenings and have attended the 3-day training session within the last six years; or have not actively provided C&TC screenings and have not attended the 3-day training session within the last four years. The purpose of the training session is to update enrollees on current C&TC content and screening procedures, and to enhance knowledge and skills needed to provide C&TC services consistent with program standards.
- Activity D - Provide ten to twelve inservice C&TC or ad hoc training sessions in contract year one (July 1, 2000-June 30, 2001) and ten to twelve in contract year two (July 1, 2001 -

June 30, 2002) as requested by public and/or private providers or county C&TC coordinators on topics such as, newborn assessment, as scheduled by the PROVIDING AGENCY in consultation with the REQUESTING AGENCY. The training session requests and the topic requested will be considered and agreed upon by both the PROVIDING AGENCY and the REQUESTING AGENCY in order to strategically assure the most efficient use and to achieve the greatest impact for these training sessions. These trainings will be coordinated with county C&TC coordinators to maximize attendance.

- Activity E - Per Section III.E. participate in five C&TC regional training workshops in contract year one and five in contract year two for health care providers in the provision of C&TC components and standards as scheduled by the REQUESTING AGENCY including C&TC coordinators' sessions..
- Activity F - Schedule at least five-six 1-day workshops in contract year one (July 1, 2000-June 30, 2001) and five-six in contract year two (July 1, 2001 - June 30, 2002) to train nurses and personnel in physicians offices and public agencies to provide the Denver II or other standardized developmental screening activities or methods agreed upon by the PROVIDING AGENCY and REQUESTING AGENCY staff.
- Activity G - Provide technical assistance to managed care and fee-for-service providers, county staff, Head Start and tribal providers, C&TC Coordinators, managed care representatives and other eligible participants in scheduling C&TC related training sessions. Coordinate and assist with C&TC-related training session needs as requested by county C&TC staff, Head Start, school clinics, tribal providers, fee-for-service and managed care providers, and other agencies in the coordination of C&TC-related training sessions (including vision, hearing and adolescent screening).
- Activity H - Provide consultation on C&TC coordinator trainings and revisions and updates of C&TC materials such as the C&TC coordinator's manual, screening documentation forms, the health history form, the periodicity schedule and other related activities.
- Activity I - Provide at least 10 workshops per contract year to train nurses and personnel from physicians' offices and public agencies to provide vision and hearing screening.
- Activity J - Develop, update and monitor at least one or more per year interactive web based training module for public and private providers on C&TC topics (e.g. What is the difference between a C&TC and a Well Child Checkup?, developmental screening, etc)

D. Fee Schedule

Activity A: fee not to exceed \$550 per participant for those attending the full training session and covered by C&TC Administrative contract funds. A reduced fee for C&TC providers not to exceed \$10 per contact hour up to \$60 for participants attending part of the training session or for participants not covered by administrative contract funds.